

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICATION NO.			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8	1						58			
9							59			
10							60			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓	
TOTAL DEP.	15	←		←		←	TOTAL DEP.		←	
TOTAL CLAIMS	24	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS		[REDACTED]	